

Image



AF/1621

332.1114

UNITED STATES PATENT & TRADEMARK OFFICE

Examiner: Samuel A. Barts Group: 1621

Re: Application of: Donald KYLE, et al.
Serial No.: 09/730,814 ✓

Filed: December 6, 2000

For: **TERTIARY AMINO COMPOUNDS HAVING
OPIOID RECEPTOR AFFINITY**

AMENDMENT

Mail Stop: AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

April 13, 2004

S I r:

Reconsideration of the present application in view of the following amendments and remarks is respectfully requested.

I. INTRODUCTORY COMMENTS

In response to the Office Action mailed January 23, 2004, please amend the above-referenced application as provided in the section below entitled "AMENDMENTS TO THE CLAIMS."



COMMISSIONER FOR PATENTS
Alexandria, VA 22313-1450

In re application of: Donald KYLE, et al.
Serial No.: 09/730,814
Filed: December 6, 2000
For: TERTIARY AMINO COMPOUNDS HAVING OPIOID RECEPTOR AFFINITY

Sir:

Transmitted herewith is an **Amendment** in the above-identified application.

- ☐ Small entity status under 37 C.F.R. 1.9 and 1.27 has been previously established.
☐ Applicants assert small entity status under 37 C.F.R. 1.9 and 1.27.
☒ No fee for additional claims is required.
☐ A filing fee for additional claims calculated as shown below, is required:

FOR:	(Col. 1)	(Col. 2)		SMALL ENTITY		OR	LARGE ENTITY	
	REMAINING	HIGHEST		RATE	FEE		RATE	FEE
	AFTER	PREVIOUSLY	PRESENT					
	AMENDMENT	PAID FOR	EXTRA					
TOTAL CLAIMS	* Minus**	=	0	x \$ 9	\$		x \$ 18	\$
INDEP. CLAIMS	* Minus***	=	0	x \$ 42	\$		x \$ 84	\$
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+	\$140	\$	+	\$280

TOTAL: \$ OR TOTAL: \$

- * If the entry in Co. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Also transmitted herewith are:
☐ Petition for extension under 37 C.F.R. 1.136
☐ Other:
☐ Check(s) in the amount of \$**.00** is/are attached to cover:
☐ Filing fee for additional claims under 37 C.F.R. 1.16
☐ Petition fee for extension under 37 C.F.R. 1.136
☐ Other:
☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0552.
☒ Any filing fee under 37 C.F.R. 1.16 for the presentation of additional claims which are not paid by check submitted herewith.
☒ Any patent application processing fees under 37 C.F.R. 1.17.
☒ Any petition fees for extension under 37 C.F.R. 1.136 which are not paid by check submitted herewith, and it is hereby requested that this be a petition for an automatic extension of time under 37 CFR 1.136.


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I hereby certify that this correspondence and/or documents referred to as attached therein and/or fee are being deposited with sufficient postage to the United States Postal Service as "first class mail" in an envelope with sufficient postage addressed to "Commissioner for Patents, Alexandria, VA 22313-1450" on

April 13, 2004

DAVIDSON, DAVIDSON & KAPPEL, LLC

BY: 